

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix:	First Name: Steven	Middle Name: A
	Last Name: Dietrich		Suffix:
Title:	Director		
Complete Address:			
Street1:	1010 Main Street		
Street2:			
City:	Springfield	State:	OR: Oregon
Zip / Postal Code:	97477-4879	Country:	USA: UNITED STATES
Phone Number:	5417361056	Fax Number:	
E-mail Address:	stevedietrich@lrpa.org		

Payee: *Individual authorized to accept payments.*

Name:	Prefix:	First Name: Debby	Middle Name:
	Last Name: Wineinger		Suffix:
Title:	Admin. Support		
Complete Address:			
Street1:	1010 Main Street		
Street2:			
City:	Springfield	State:	OR: Oregon
Zip / Postal Code:	97477-4879	Country:	USA: UNITED STATES
Phone Number:	5417361056	Fax Number:	
E-mail Address:	debby@lrpa.org		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix:	First Name: Travis	Middle Name:
	Last Name: Knudsen		Suffix:
Title:	Public Education Manager		
Complete Address:			
Street1:	1010 Main Street		
Street2:			
City:	Springfield	State:	OR: Oregon
Zip / Postal Code:	97477	Country:	USA: UNITED STATES
Phone Number:	541-7361056	Fax Number:	
E-mail Address:	travis@lrpa.org		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: **First Name:** **Middle Name:**
Last Name: **Suffix:**
Title:

Complete Address:

Street1:
Street2:
City: **State:**
Zip / Postal Code: **Country:**
Phone Number: **Fax Number:**
E-mail Address: